

~~Not Married~~

Died at Winchester Town Dunes County Am. C. MARYLAND

Date 19 22 Month 10 Day 6 Age 15 Native of Ma Occupation \_\_\_\_\_

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Noah W. Blunt Mother's Name Mollie E. Quillian

Cause of Death { Primary 151 Immediate \_\_\_\_\_

How long sick 11 days

Accident, Suicide, Homicide \_\_\_\_\_

Reported by H. W. Beall M.D.Address Andover St. N.Y.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Morgan; Mirrmar, Beecher

Town

County

MARYLAND

Died at *Jeunstown**2 a 2*

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
<i>02</i>	<i>6</i>	<i>18</i>				<i>2460</i>	<i>Infant</i>
Male Female			White Colored			Married Single	
			Widow Widower			Divorced Number of children living	

Husband  
of  
WifeFather's  
Name *J B Beecher*Mother's  
Maiden Name *H M Hamblon*Cause of  
Primary

How long sick

*14 days*Death Immediate *Whooping Cough*

Accident, Suicide, Homicide

Reported by *H. C. McArthur, Undertaker*Address *Jeunstown*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75858



Name In Full

Certificate of Death

John Burchard.

Town

County

Died at

New Churchville

2 A Co

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Md

Occupation

June 28 - Age 12 - -

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

~~Number of children living~~Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typho Enteritis

Death

Immediate

Collapse

How long sick

20 days

Accident, Suicide, Homicide

Reported by

J. H. W. G. Wedon

Address

Charlottesville



Md



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Wm. H. Busey*

Town *Centerville* County *Oct Co* MARYLAND

Died at *Centerville*

Date 19 *02* Month *6* Day *25* Y. *70* M. *6* Native of *Ind* Occupation *None*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widower ☐ Divorced ☐ Number of children living *0*

Husband of *Laura Whitington*

Wife of *Joseph Busey*

Father's Name *Joseph Busey* Mother's Name *Elyia Stelley*

Cause of Death { Primary *Tuberculosis* Immediate *Exhaustion* How long sick *3 years*

Death { *Exhaustion* Accident, Suicide, Homicide

Reported by *Seen by me but once* *Geo. Borden MD*

Address *+ that today - Centerville, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Edward Denver Corter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

Church Hill Md D.A.

Date of death 1902 June 30th Age 5 yrs  
Sex Male Color or Race white Birth-place Church Hill

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name Joseph Corter Father's Birthplace

Mother's Maiden Name Francis Plummer Mother's Birthplace

Name of person giving information Joseph Corter How related to deceased Parents

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Typhoid fever How long Twelve days  
Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician

Address

Accident or Suicide?

A. S. Dudley M.D.  
Church Hill  
Maryland.

Church Hill  
County

Mariah Carter

Town

County

Died at

Star

Queen Anne

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 8

Age 73 about

Md

Housewife

Male

~~White~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

five

~~Husband~~

of

H. M. Clayton

Wife

Father's

Name

Perrie Carter

Mother's

Maiden Name

Charlotte Holliday

Cause of

Primary

Old age and general debility

How long sick

1 1/2 months

Death

Immediate

Malaria Fever &amp; Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Walter H. Fenby

Address

Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY  
NEAREST FRIEND

*John Eugene Blavenger*

CERTIFICATE OF DEATH

Died at <i>Winchester</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death	1902	Month	6	Day	6
Sex <i>Boy</i>		Color or Race <i>White</i>		Age	14
Married, Single or Widowed		Occupation		Birth-place	<i>Winchester</i>
Name of Wife or Husband		Occupation		Birth-place	
Father's Name		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Eutero colitis</i>	How long	<i>10 days</i>
Immediate	<i>gas</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

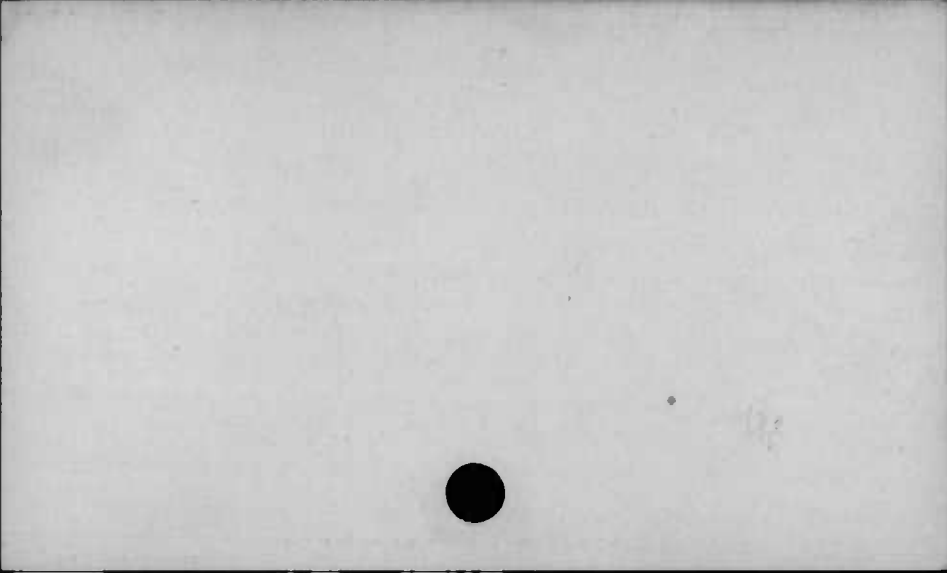
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893





Name in Full *Brulak Doram*  
 Town *Centerville* County *Act Co* MARYLAND  
 Died at  
 Date 19*02* Month *June* Day *24* Y. *11* M.  D.  Native of *md* Occupation   
 Male  White  Married  Widow  Divorced   
 Female  Colored  Single  ~~Widower~~ Number of children living   
 Husband of   
 Wife   
 Father's Name *Mrs Doram* Mother's Maiden Name *Leggie Doram*  
 Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *over a year*  
 Immediate *Exhaustion* Accident, Suicide, Homicide   
 Reported by *Joe Bodley MD*  
 Address *Centerville md*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full **Evelyn Doran**

Died at **Centerville** Town **Sumner** County **MARYLAND**

Date 19 **02** Month **6** Day **19** Age **1, 4** Y. M. D. **Ind** Native of **Ind** Occupation **—**

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widowed ☐ Widower ☐ Divorced ☐ Number of children living **—**

Husband of **+** **+** **+**

Wife **+**

Father's Name **Wm Doran** Mother's Maiden Name **Lizzie Doran**

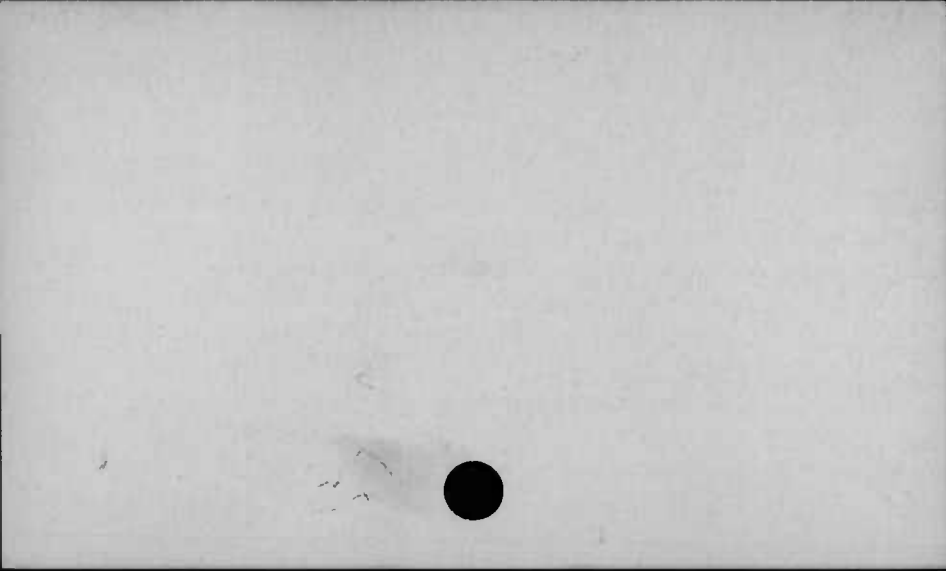
Cause of Death { Primary **Whooping Cough** Immediate **Pulmonary Congestion**

How long sick **5 weeks**

Reported by **Jas. Bordley M.D.**

Address **Centerville Ind.**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leonia Frazier

Town

County

Died at Near Burnsville L. A. Co

MARYLAND

Date 1902 6. 22 | Age 2. 5. | Native of Md. | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Phillip Frazier Mother's Name Martha Gibbs.

Cause of Primary

How long sick

Death

Immediate

Unknown. 179

Accident, Suicide, Homicide

Reported by

Jas. L. Dawson.

Address

Centre -  - ville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No. 22. Information from Philip Frazer  
Burrisville  
Md.

Name in Full *Dora Green*

Town *Church Hill* County *D. C. - B.*

Died at *Church Hill* MARYLAND

Month *June* Day *27* Y. *20* M. *-* D. *-* Native of *American* Occupation *Housewife*

Date 19*02* *June 27* Age *20* - - *American Housewife*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widowed~~ Number of children living *none*

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name *Steven Cornille* Mother's Name *Mary Green*

Cause of Death { Primary *Tuber Culosis* Immediate *Gathermia* How long sick *About 2 years*

Death { *Gathermia* Accident, Suicide, Homicide

Reported by *M. G. C. Oppay &*

Address *Church Hill Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

MARYLAND

Mother's

Maiden Name

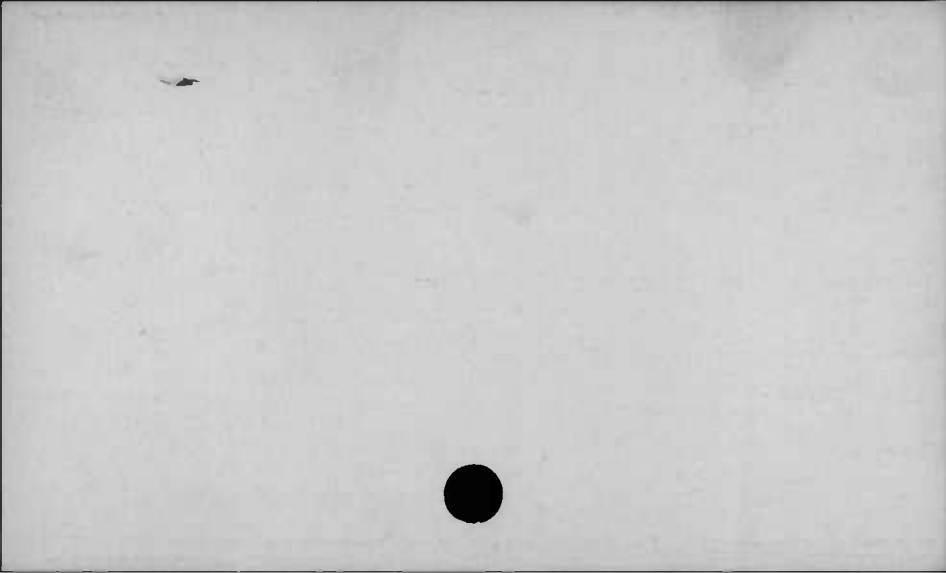
How long sick

Primary

Immediate

Accident, Suicide, Homicide

LIBRARY BUREAU, 79892



Charles W. Johnson

Town

County

Died at

Perry corner Queen Anne Co MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

6

6

Age

6

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elen Kirby

Town

County

Died at

Kent Island

Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 June 21

Age

8

Kent Island

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

William Kirby

Mother's

Maiden Name

Mary Green

Cause of

Primary

Spasms or Fits

How long sick

8 hours

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Jr. C. Thomas undertaker

Address

Kent Island

24 Co Rd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name in Full

Certificate of Death

Town *Robert* County *L. & L.* *Lee* MARYLAND

Died at *Robert* Month *07* Day *14* Y. *40* M. *40* D. *40* Native of *Mo* Occupation *Housewife*

Date 19 *07* *06* *14* Age *40*

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *4*

Husband of *William Tiller*

Wife of *William Tiller*

Father's Name *Saml. Dour* Mother's Name *Sarah Benton*

Name *Saml. Dour* Maiden Name *Sarah Benton*

Cause of Death { Primary *Bright Disease* How long sick *12 months*

Death { Immediate *Concussion* Accident, Suicide, Homicide

Reported by *P. E. Longman M.D.*

Address *Angelside M.D.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Church of the  
Covenant



Name in Full

Certificate of Death

Emma Little

Town

County

Died at

Greensboro

Queen Anne County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 30

Age

2

St. Leo. Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Nick Little

Jane Hily

Cause of

Primary

Pneumonia

How long sick

3 days

Death

Immediate

Suffocation

Accident, Suicide, Homicide

Reported by

Chas. C. Wells

Address

Greensboro

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79884



Name in Full

Certificate of Death

Sally Anne Lloyd.

Town

County

Died at

Scott Town

Queen Anne's

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

June 30th

Age

25-4-

Queen Anne's

Colon

~~Male~~~~White~~

Married

~~Widow~~

Divorced

Female

Colored

~~Single~~

Widower

Number of children living none

Husband

of

Wife

Father's

Name

Howard Lloyd

Mother's

Thomas Blane

Maiden Name

Mary Scott

Cause of

Primary

Chronic Valvulitis

How long sick

Seven mos.

Death

Immediate

Heart Failure -

Accident, Suicide, Homicide

Reported by

Address

W. Adams, M.D.

Wye Mills, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date 1902

~~Male~~

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Anne R. Mullikin

Town Hayden

County

2. A. Co.

MARYLAND

Month 6 Day 12

Y. 49

M.

D.

Native of

Occupation

Age 49

Married

~~Widow~~~~Divorced~~~~Single~~

Widower

Number of children living

Joseph Mullikin

James Sparks

Maiden Name

Primary Consumption

How long sick

3 months

Immediate

Accident, Suicide, Homicide

James E. Graham M.D.  
Anglesides, Md.



Name In Full

Certificate of Death

*Salley Ann Nash*  
 near *millington* *Kent*

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*02**6 10*Age *79**md*

Female

White

~~Married~~

Widow

~~Single~~~~Colored~~~~Single~~~~Widower~~

Number of children living

*3*

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*General debility*

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

*Dr W J Jacobs*

Address

*millington md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898

Friend Mr. Deane Amos  
interested in Mullington  
Cometery Kent Co. Mass.



Joe Perry

Died at near Queens Co Town Queen Anne's County MARYLAND

Date 1902 6 12 7<sup>th</sup> Month Day Y. M. D. Age 48 Native of md Occupation laborer

Male White Married Widow Divorced Two

~~Female~~ Colored Single Widower Number of children living Two

Husband of Louise

Father's Name unknown Mother's Name unknown

Cause of Death { Primary Abdominal Tumor Immediate Exhaustion How long sick 5 months Accident, Suicide, Homicide

Reported by Chas Coker M D

Address Queenstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

10. 1.



Maud Pratt.

Town

County

Died at

Whitchester

Lucas Co.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6

6

Age 18

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Name

Wm B Pratt

Mother's

Maiden Name

Sallie E. Lane

Cause of

Primary

Influenza

How long sick

3 months.

Death

Immediate

Phthisis

Accident, Suicide, Homicide

Reported by

Howard B. Hopkins.

Address

Pine Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie Gustie H Primrose

Died at <sup>Town</sup> Centerville <sup>County</sup> Queen Anne MARYLAND

Data 19 <sup>92</sup> <sup>6-9</sup> <sup>Age</sup> 0-2-21 <sup>Native of</sup> 2 a. Co <sup>Occupation</sup> Infant

~~Male~~ ~~Widow~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name John H Primrose Mother's Name Annice Primrose

Cause of Death { Primary Cold, How long sick few days  
 Immediate 151 Accident, Suicide, Homicide

Reported by Robt. W. Eddies of Wright Eddies

Address Centerville Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Over

The foregoing information was obtained  
from mother of Child & Mrs J. W. W. Woodford  
at whose Residence the Child died  
had been seen by Dr W. D. Lory  
on the 5<sup>th</sup> inst. who treated it  
for cold.

R. W. Eddins

Name in Full

Certificate of Death

George Shephard

Died at <sup>Town</sup> Queens town <sup>County</sup> Queen Anne Co MARYLAND

Date 19 02 <sup>Month</sup> June <sup>Day</sup> 23 <sup>Y.</sup> 63 <sup>M.</sup> 63 <sup>D.</sup> 63 <sup>Native of</sup> Calvert Co <sup>Occupation</sup> laborer

Male White Married Widow Divorced Widower Number of children living 4

~~Female~~ ~~Colored~~ ~~Single~~

Husband of Lizzie Brien 166

Wife Unknown Unknown

Father's Name Unknown Mother's Name Unknown

Unknown Maiden Name Unknown

Cause of <sup>Primary</sup> Struck by Eugene <sup>How long sick</sup> 166

Death <sup>Immediate</sup> Injury to lungs & shock <sup>Accident, Suicide, Homicide</sup> Accident, Suicide, Homicide

Reported by Chas Corbett

Address Queens town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Sadie Smith

Died at <sup>Town</sup> Centerville <sup>County</sup> Queen Anne's MARYLAND

Date 1902 June 13 Age 1 Y. M. D. Native of md Occupation

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Married~~ ~~Number of children living~~

Husband of

Wife

Father's Name Dick Handy Mother's Name Wilhemina Smith

Cause of Death { Primary Immediate } How long sick 151  
 Accident, Suicide, Homicide

Reported by J. M. Mowbray Acting Coroner

Address Centerville md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sarah Eliza Sparks

Town

County

Died at

Burdock

Dorchester

MARYLAND

Date 1902

Month Day

6 18

Age

Y. M. D.

63-7-2

Native of

Ireland

Occupation

Housekeeper

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

0

Husband of

Wife of

Father's Name

William B. B. B.

Mother's

Maiden Name

Mary Potts

Cause of

Primary

Acute Gastritis

Death

Immediate

Stomach

104

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Jas. E. Sweeney

Address

Lumpville Tenn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at

Oscar Taylor  
 Town Kent Island County Queen Anne's MARYLAND

Date 19

02 June 5  
 Month Day Y. M. D. Native of Kent Island Occupation swine  
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living       

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Irne Weeks*  
 Town *Kent Island* County *Queen Annes* MARYLAND  
 Date 1902 *June 12* Month *June* Day *12* Y. *32* M. *-* D. *-* Native of *Chd.* Occupation *Housewife*  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *6*

Husband of *John Wm Weeks*  
 Wife  
 Father's Name *Jacob Wright* Mother's Maiden Name *Phoebe Ann Heath*

Cause of Death { Primary *Tuberculosis* How long sick *about 4 months*  
 Immediate *Exhaustion* *29*  
~~Accident, Suicide, Homicide~~

Reported by *C. Percy Kemp*  
 Address *Kent Island Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

